

UNITED STATES DISTRICT COURT

for the

Middle District of Tennessee



Nashville Division

03-24 0573

Miss Tori Rose Collins

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Trousdale Turner Correctional Center - CoreCivic

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No.

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☐ Yes ☐ No

FILED
2024 MAY -7 PM 3:37
U.S. DISTRICT COURT
MIDDLE DISTRICT OF TN

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Tori Rose Collins
Street Address	50 Shirley Lane
City and County	Hartsville, Trousdale County
State and Zip Code	Tennessee, 37074
Telephone Number	(315) 256-4378
E-mail Address	toricollins95@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Trousdale Turner Correctional Center - CoreCivic

140 Macon Way

Hartsville, Trousdale County

Tennessee, 37074

(615) 808-0450

Defendant No. 2

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Defendant No. 3

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Defendant No. 4

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name	Trousdale Turner Correctional Center - CoreCivic
Street Address	140 Macon Way
City and County	Hartsville, Trousdale County
State and Zip Code	TN, 37074
Telephone Number	

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to *(check all that apply)*:

☐ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

☒ Other federal law *(specify the federal law)*:

The ADA Amendments Act of 2008 (ADAAA)

☐ Relevant state law *(specify, if known)*:

☐ Relevant city or county law *(specify, if known)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

☐

Failure to hire me.

☒

Termination of my employment.

☐

Failure to promote me.

☒

Failure to accommodate my disability.

☒

Unequal terms and conditions of my employment.

☒

Retaliation.

☒

Other acts *(specify)*: Disrespect from other staff because of my condition(s)

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

04/23 NO accommodation, 06/23 Sick/unsafe, 07/13/23 wrongfully punished,

C. I believe that defendant(s) *(check one)*:

☒

is/are still committing these acts against me.

☐

is/are not still committing these acts against me.

08/29/23 retaliation/
wrongful
termination,
10/9/23 Refusal
to mediate.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

☐

race

☐

color

☐

gender/sex

☐

religion

☐

national origin

☐

age *(year of birth)*

(only when asserting a claim of age discrimination.)

☒

disability or perceived disability *(specify disability)*

Obstructive Sleep Apnea, History of Narcolepsy, ADHD, Depression,
Back Pain, Asthma, Migraines.

E. The facts of my case are as follows. Attach additional pages if needed.

FACTS

I, Miss Tori Rose Collins, started working at Trousdale Turner Correctional Center as a Correctional Officer on the night shift in August 2022. My attendance was good and I never showed up late. Soon after, I was promoted to Case Manager; I wanted to work in a less physically exhausting job. Then, I found out that I was sick. I had to get my tonsils and adenoids removed in March 2023. When I returned to work from surgery, beyond the recovery timeframe, I faced ongoing tiredness. I started showing up to work late since I couldn't hear my alarm. My pulmonologist issued a medical note because I am a obstructive sleep apnea patient. Administrative staff refused to provide an accommodation or acknowledge my civil rights under the ADA. To make my situation worse, I noticed more symptoms: muscle pain and spasms, forgetfulness, and difficulty with cognition. I was diagnosed with Migraines. In August 2023, I went on short term disability leave because I was tired all the time and I had so many symptoms. A CT scan in October 2023 confirmed the cognitive problems were migraines.

ISSUE

My short term disability leave was a requirement for my recovery. When I received a doctor's note to go back to work and then arrived to Human Resources on 08/29/2023, I was fired because, supposedly, I didn't provide enough notice before taking medical leave.

CoreCivic terminated me even though I provided documentation and told Human Resources that I have at least one medical disability protected by the ADA. I did ask for my job back via the company grievance process and I never received an answer.

Human Resources didn't accomodate my disability and used vocabulary such as "oversleeping" to describe my condition.

I received discipline for being late to work despite providing evidence of at least one medical disability. More than one staff member disciplined me in front of inmates.

RATIONALE

After the T&A surgery, following recovery, my health became more difficult to manage because I had to work harder. The ADA protected medical disabilities I was diagnosed with are Obstructive Sleep Apnea/History of Narcolepsy, ADHD, Depression, Back Pain (Cervicalgia and Herniated Disc), Asthma, and Migraines. My symptoms were unpredictable and would substantially limit major activities. At TTCC Case Managers were assigned double the maximum TDOC case load. The other Case Manager went on vacation. Our Seargent left and was never replaced with somebody else. The Unit Manager was out sick for awhile. I never received the PTO or vacation time that I earned.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

02/16/2024

- B. The Equal Employment Opportunity Commission *(check one)*:

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on *(date)* 02/23/2024 .

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

- Back pay since 08/2023.
- Front pay; Because of the industry's association with criminology, I think CoreCivic is making me look bad.
- Full balance of PTO and vacation that I earned and never redeemed.
- Emotional pain and suffering, inconvenience, mental anguish, injury to professional standing, injury to my character or reputation, injury to credit standing, indignity, apprehension, and loss of respect of one's friends and family.
- Because I was a victim of discriminatory practices in a men's correctional center, I am ordering \$100,000-\$200,000 in compensatory & punitive damages.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 05/07/2024

Signature of Plaintiff



Printed Name of Plaintiff

Tori Rose Collins

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address